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ON

PAYING WARDS

IN

PUBLIC HOSPITALS.

BY

JOHN BLAIR, M.D., F.R.C.S.

Surgeon to the Alfred Hospital.

Melbourne :

F. F. BAILLIERE, PUBLISHER,

104 COLLINS STREET EAST.

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P R E F A C E .

THE argument contained in the following pages is the result of very careful and prolonged examination of the whole question involved, and embodies the final convictions of the writer. The impression is very strong on his mind that the time has fully come for the introduction into the public medical institutions of this country of a system which has, beyond all dispute, proved both beneficial and successful elsewhere. The conditions of daily life are variable and fluent, and the course of events compels men of all professions to modify materially, at times, both their ideas and their modes of practice. In this new and progressive country, for example, the whole structure of society, and the relations of the medical profession to the world around, are almost radically different from what they are in the older countries of Europe. On that account it becomes a duty for members of the profession to view questions of this kind discussed in these pages from a stand-

point different from that of their early days, and also with untrammelled minds.

“ New times demand new measures and new men ;
The world advances, and in time outgrows
The laws that in our fathers' day were best ;
And, doubtless, after us, some purer scheme
Will be shaped out by wiser men than we,
Made wiser by the steady growth of truth.”

With these prefatory remarks, the writer most respectfully commends his argument to the consideration of the Committee of the Alfred Hospital, and to that of his medical brethren generally.

JOHN BLAIR, M.D., F.R.C.S.

101 COLLINS STREET EAST.

On Paying Wards in Public Hospitals.

THE following report on the subject of setting apart a special ward or wing of the Alfred Hospital for the reception of paying patients was submitted to the Managing Committee of the Hospital by the Chairman of the Medical Staff:—

“The advantage of setting apart a special ward, or wing, in the Alfred Hospital for the reception of paying patients has been the subject of casual discussion by the managing committee and the medical officers of the institution for some time past. It is a fact admitted on all hands that there exists in Melbourne, and in most large commercial cities, a numerous class of persons who, whilst they are possessed of sufficient means to meet all the needful expenses of every-day life, are yet, when attacked with illness, left by circumstances without any means of obtaining proper attention and nursing. Such persons are very unwilling to enter a public hospital as charity patients, but would be quite willing to pay a reasonable amount for hospital care and medical attention if any institution where these could be procured were open to them. The Alfred

Hospital, by the addition of a wing devoted to this class of patients, might very largely extend its usefulness, without, at the same time, adding much to its annual expenditure. The rule for admission for such patients would be the payment of a fixed sum per week, on a scale graduated according to the means and necessities of each case, all reasonable care being taken to enforce strict regard to the regulations. It is an undeniable fact that, from the want of an institution of this kind, our public hospitals, like all other charitable institutions, are, in too many instances, made the prey of niggardliness and imposture. Persons who are perfectly well able to pay for medical attendance and medicine gain admission on the plea—in some cases false—of poverty, and in others of their inability to procure proper attention and nursing in their own homes or lodgings. But, as has been already stated, the latter plea is sometimes a genuine one, inasmuch as, even in the best appointed hotels and boarding-houses, no suitable accommodation can be provided for sick residents. Many persons who, on that account, are compelled, when sick, to seek the relief afforded by the public hospitals, would gladly make donations to the funds of the institutions where they have found it; and sometimes this is done. But in such instances the work of the medical attendant who has been the means of restoring the donor to health is always given gratuitously. In the case, on the other hand, where a paying ward is in operation, the medical attendant is fairly remunerated for his time and skill. The opportunities of imposition, moreover, are very considerably diminished by the simple expedient of transferring such patients as it

is well known are able to contribute to the expense of their recovery from the charitable to the paying ward. The experiment of a paying ward has been tried successfully in the United States and elsewhere. The Massachusetts Hospital at Boston, for example, is conducted on the principle of charging patients who are able to pay. 'It has four classes of patients. 1. Free beds, but not many. 2. Beds free in general, but on which certain persons who have given moneys have a claim for their friends. 3. The beds, constituting the great majority, for which a charge is made of 1 dol. a day; but part, or all, is sometimes remitted at the discretion of the governor, who is one of the acting medical officers. No difference is made in the privileges of these three classes, nor any asked for by the patients. 4. Some private rooms at 5 dol. or 6 dol. a day.' This account of the Massachusetts system is taken from a letter of Sir Fowell Buxton to Mr. C. E. Trevelyan, quoted in the *Lancet* for March 13, 1875, page 375; and it is prefaced by the following very sensible observations by the latter gentleman:—'That hospitals are only for one class is an insular prejudice. Many years ago the present registrar to the Admiralty, being on a mission to French Guiana, on slave-trade business, fell sick of a fever. He was advised to go into hospital, where a healthy, airy room, with the best medical skill and nursing the colony could afford, soon enabled him to return to work. When the General Hospital at Madras was rebuilt, pleasant apartments overlooking the river were reserved for military officers and others waiting to embark for England; and why should it not be naturalized amongst us? What a relief it would often be, even to a well-to-do family,

if a sick member could be nursed at a neighbouring hospital; and how many unmarried ladies and gentlemen would obtain in this way advantages which their own houses could not afford? To set apart rooms in existing hospitals seems better, at any rate at first, than to construct a new hospital entirely for the purpose. Full payment must, of course, be made; but this would be moderate compared with the services rendered. The indirect benefit to the hospitals, by making them popular, and calling attention to the details of their management, would also be very great.' It may be added that Sir Fowell Buxton states, in his account of the Massachusetts Hospital, that he himself would go into the paying ward if necessity required it; and he makes, by the way, a sarcastic allusion to the obstinate prejudice which induces the great London hospitals to submit to a chronic state of bankruptcy rather than adopt the system of paying wards, in addition to the indirect mischief done by training the working population to dependence upon alms rather than receive from them such payments as they are able to make. On this latter point some remarks will be made presently. A discussion of the whole question has been carried on in the *Lancet* at intervals during the last two years. The latest contribution I find in the number of that journal for April 28, 1877, where the statement is made that the plan of charging patients who are able to pay is already in practice at some of the metropolitan hospitals; 'but,' adds the editor, 'we should be glad to see it more fully carried out and more widely recognized.' He favours, I may add, the plan of building a large separate hospital, especially adapted for paying patients, rather than the

establishment of paying wards in connection with the existing hospitals. But the arguments adduced on that point are almost exclusively applicable to the circumstances of London, and lose all their force when applied to our own. As to the general question, the arguments adduced by the leading medical journal of Great Britain are the following:—‘ 1. The existing hospital accommodation is either inadequate and unsuitable for two classes of persons—namely, persons who, although well able to maintain their position by their own efforts, find themselves, when sick, unable to afford the necessary comforts of nursing, in addition to medical attendance; and persons who, being without home or families, are obliged to reside at hotels, or chambers, or lodging-houses, and, if taken sick, are thrown on the care of landladies or hotelkeepers. 2. Institutions of this kind are already in existence in the United States and on the Continent—even in Spain, which we are accustomed to think so far behind us—and are found to be extremely useful and to work well. 3. The experience of some special hospitals in London proves that the admission of paying patients may be made a source of considerable income. 4. The system need not necessarily interfere with the proper object of charitable hospitals, and it might lead, in many cases, to an increase of donations. 5. An analysis of the occupations of the patients admitted into one of the large London hospitals showed that a considerable number belonged to the middle classes, who could well afford to pay something for the benefits which they received. 6. The advantages of hospitals consist in the thoroughly organized appliances for the treatment of all the forms and complications of

disease, in the trained nursing, and in the general order and complete adaptation of everything to the relief and cure of suffering. These advantages, it is true, may be obtained apart from the hospitals, but to those only who can afford to pay for them.' To these valid arguments—which seem really unanswerable—there has to be added another possessing peculiar force for such a community as our own. It has already been mentioned that mischief is done by training the working population, anywhere, to depend on charity rather than on honest exertions, for support either in sickness or in health. Now, it is not generally understood and credited the extent to which this evil is spread in this country. There are charitable institutions of every kind and description, from the Lying-in Hospital up to the Benevolent Asylum. There are institutions of private charity, religious or general, in every quarter. The State, in fact, undertakes to provide for its subjects at all periods of their lives, from infancy to old age, and in all states of their health, whether bodily or mental. At first view, the network of charitable relief appears to be so universally spread, that there seems to be no room at all left for the operations of an independent medical profession. On every hand the working-man is invited, one may say, to look to the State provision for the supply of all his wants and the relief of his afflictions. Now, without in the least degree impugning the motives or the value of charitable institutions, whether public or private, it may be allowed to an impartial bystander to question whether all this ample provision for real or pretended necessity is not attended with some evils. It certainly is so, if its effect upon the population generally

be to sap the spirit of independence and self-help—‘that column of true majesty in man’—and to diffuse a spirit of pauperism. It is so, moreover, if it tends to foster habits of improvidence and recklessness among the wage-earning sections of the population. And these are effects, at least in some degree, emphatically testified by two royal commissions, who, within the past fifteen years, have been appointed to inquire into the working of our charitable institutions. Both those commissions dwelt strongly on the mischief accruing from the too diffuse and too indiscriminate charity of the State. Surely, in view of all these facts, it is not unreasonable to make the proposition, that provision shall be made in at least one of our public hospitals for those classes of patients who, although not able to secure all the skill and nursing they require at their private residences, are ready and willing to pay for such skill and nursing in the institutions, and who would be doubtless glad to obtain the same without any sacrifice of their personal independence or any appeal to charitable relief. It must be borne in mind that the making of such provision would in no degree lessen the extent of the accommodation provided for the really indigent patients. Not a single case of sickness or accident would be refused admission on the score of inability to pay. Nor would there be any invidious distinction set up between the two classes of patients. The separate wing for those able and willing to pay would obviate all objection of that kind. But, indeed, it is testified that, in the Massachusetts Hospital, paying and non-paying patients sometimes occupy adjoining beds without the slightest difference being made in the treatment of each, or the

least feeling of invidious distinction arising between them. When this subject of a paying ward was recently under discussion by the Committee of Management of the Melbourne Hospital, the objection was raised that the institution is especially a pauper institution; and to this objection the ready answer was given that it is, in addition, a pauperizing institution, which it would certainly cease in some degree to be if the principle of payment for the services dispensed in it were recognized and adopted. It must be acknowledged with gratitude that the true view of the question has been of late powerfully urged by some of the leading lay journals in the British Empire, including *The Times* and *The Argus*. Thus the former asks, and answers the question:—‘Why should hospitals, whether for children or for grown-up people, be only for the poor?’ And it advocates the establishment of paying wards, on the ground that such places are ‘as much wanted for such purposes as the ancient right of asylum was for the many fugitives from the speedy justice of unsettled times. We have hotels and public-houses for the hale and strong; and what is such an hospital as we describe but a like refuge for the sick and weak? The thing is already done by the professors of one system, or one cure, such as the water doctors; and perhaps the strongest testimony to the need of a larger plan is the notorious fact of many ladies and gentlemen betaking themselves to hydro-pathic or similar establishments without the least intention of trying the water, or other particular cure, but simply because they believe it desirable to be in a place where health is specially attended to, and thought worth, if not some sacrifices, at least

some suitable arrangements.' *The Argus*, again, pleads with great force that the principle of indiscriminate charitable relief is dangerous in practice, inasmuch as it is tantamount to an announcement of this kind to the great bulk of the community :—

' While you are still strong and prosperous, and are earning high wages, or enjoying a good income, you can spend every shilling you receive. There is no occasion for you to be frugal, or to practise self-denial, or to make any provision for the future. You need not be temperate, neither is there any necessity for you to avoid those vicious indulgences which will prematurely impair your strength, subject you to diseases, and render you incapable of labour or active effort of any kind long before old age overtakes you. When adversity comes upon you, the State will charge itself with your maintenance. Therefore, eat, drink, and be merry while you can.' And the same journal goes on to argue :—' The principle of a self-supporting hospital once established, we might hope that it would filter downward to those classes of society which now combine improvidence when they are in health with an immediate dependence upon the eleemosynary aid when they fall sick. It would be also possible, if an institution of this kind were in existence, to adopt more stringent regulations for the management of our hospitals generally, so as to deprive them of their pauper character, and thus lessen the weight of a burden which is annually pressing with increasing and altogether unfair severity not only upon the general revenue, but upon those persons who, as a general rule, pay their own doctor's bills, and contribute in addition to defray the expenses

entailed by the illness of people who are perfectly well able to remunerate the services of a medical man.' To the objection that the paying wards would diminish the area of private practice, it answers:— 'Nor do we think that the medical faculty would suffer by the adoption of this principle. On the contrary, there would be more paying patients and fewer recipients of eleemosynary advice, nursing, and medicine. The system has been in operation for a great many years in Germany, where it has been found to work most advantageously, and we recently described a large hospital which has been opened in New York, and which is to be almost entirely self-supporting. The spirit of the age tends more and more towards co-operation; because it is found to combine the maximum of beneficial results with the minimum of outlay or effort; and there is no reason why the principle of the club-house, which offers us so many advantages at a moderate price when we are in good health, should not be applied to an institution specially designed to receive us and to promote our recovery when we are sick.' I confess, for my own part, that I am quite unable to perceive how the old objections to the plan proposed can be maintained in the face of the foregoing facts and arguments. The objection, especially, that independent medical practice would suffer loss, is certainly untenable, seeing that it is the area of payment, not that of gratuitous attendance, which would be enlarged by the opening of paying wards. To become honorary medical attendant at any of our public hospitals is commonly regarded amongst the profession as an honour to be coveted; it would be no less so if the whole of the time and attendance

given to the institution were not, as now, to go entirely unremunerated. The same amount of gratuitous service would, no doubt, be given as before; but there would be, in addition, the direct benefit accruing to the practitioner from his attendance on the patients in the paying ward. Not the slightest sacrifice of professional dignity or personal independence would accrue to him from his acceptance of the fees to which he would be invited in the latter case. The only feasible objection remaining to be noticed is that arising from the relation of medical men to paying wards in actual operation. I shall quote the answer of the *Lancet* to this objection:—‘We are no advocates for any plan which shall deprive the general practitioner of his patients or his hard-earned fees, or increase the unpaid labours of the hospital physicians and surgeons. Were such the effect of the scheme, we should be amongst the first to protest against it. But there is no reason why such should be the result. In the case of existing hospitals, some difficulty might be raised as to the division of the fees amongst the medical staff. They might go into a common fund, or one for the medical and one for the surgical. In fact, nothing could be easier than to arrange a system which would meet with the concurrence of the management and the medical officers.’ To this plea nothing requires to be added. The settlement of details could readily be managed in a way satisfactory to all parties, if once the plan were in operation. The resulting effects would be an addition to the aggregate income of the independent medical profession, the discouragement, instead of the nursing, of a spirit of wholesale pauperism amongst our population; and

an immense gain both to the comfort and the safety, in sickness, of a large section of the community who are by no means in poor or distressed circumstances. It would be easy to procure from those institutions of the kind that are already founded copies of their rules, regulations, and scales of fees, upon which to frame a code for our own special case. I do, therefore, for the reasons and on the grounds herein set forth, earnestly hope that the new wing of the Alfred Hospital will contain a ward specially set apart for paying patients.

“JOHN BLAIR, M.D., F.R.C.S.,

“Chairman of the Medical Staff,
Alfred Hospital.”

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